

**COMMONWEALTH OF KENTUCKY  
OFFICE OF THE ATTORNEY GENERAL  
CREMATION AUTHORIZATION FORM  
CR-1**

\_\_\_\_\_  
(company)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(telephone #)

Cremation # \_\_\_\_\_

Cremation Date: \_\_\_\_\_

The undersigned authorizes \_\_\_\_\_, in  
(company name)  
accordance with and subject to its rules and regulations, to cremate the remains of

\_\_\_\_\_ a male/female who died at  
(circle one)

\_\_\_\_\_ at \_\_\_\_\_, a.m./p.m. on the  
(city, county, state) (time) (circle one)

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ at the age of \_\_\_\_\_ years. I further state

the death \_\_\_\_\_ was \_\_\_\_\_ was not due to infectious disease.

(check one)

1. The person legally entitled to order the cremation is the authorizing agent.

**NAME OF AUTHORIZING AGENT (AA)** \_\_\_\_\_

**RELATIONSHIP OF AUTHORIZING AGENT TO THE DECEDENT**

**CHECK ONE THAT APPLIES**

- (a) \_\_\_\_\_ The decedent through a preneed cremation authorization;
- (b) \_\_\_\_\_ The surviving spouse of the decedent;
- (c) \_\_\_\_\_ The surviving adult children of the decedent;
- (d) \_\_\_\_\_ The surviving parents of the decedent;
- (e) \_\_\_\_\_ The surviving adult grandchildren of the decedent;
- (f) \_\_\_\_\_ The surviving adult siblings of the decedent;
- (g) \_\_\_\_\_ A next closest adult relative of the decedent; or
- (h) \_\_\_\_\_ In the absence of any of the above, by order of District Court.

The right to control the disposition of the remains of a deceased person, unless other

directions have been given by the decedent vests in and the duties of disposition devolves upon the authorizing agent.

The authorizing agent shall read carefully the statements in items 2 through 7 and item 9, and initial in the space provided to signify that they have read and understand the statements. The authorizing agent shall complete and initial item 8 directing the disposition of the cremated remains. If the cremation is being performed pursuant to a preneed authorization, the Preneed Authorization Form CR-3 shall be attached to this form in lieu of completing items 2 through 9, and the signing of this Cremation Authorization Form by the authorizing agent.

2. The consumer is not required to purchase a casket for the purpose of cremation. However, the crematory authority shall not accept human remains for cremation which are not in a closed cremation container. The crematory authority may reject a cremation container which shows evidence of leakage. It is unlawful to remove the human remains from the cremation container and the cremation container shall be cremated with the human remains. \_\_\_\_**AA**
3. The consumer may choose cremation without choosing embalming services. However, if the crematory authority does not have a refrigerated holding facility it cannot accept human remains for anything other than immediate cremation. \_\_\_\_**AA**
4. A body shall not be cremated with a pacemaker or other hazardous implant, including any toxic or explosive-type sealed implants in place. The deceased has not had a heart pacemaker implanted, radiation producing implant device nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the funeral director or others to remove it before cremation. \_\_\_\_**AA**
5. All body prosthesis, bridgework, or similar items removed from the cremated remains shall be disposed of by the crematory authority unless authority to do otherwise is specifically granted in writing. \_\_\_\_**AA**
6. Cremated remains shall not be contaminated with foreign material unless specific authorization has been received. \_\_\_\_**AA**
7. It is unlawful to cremate the remains of more than one individual within the same cremation chamber at the same time. \_\_\_\_**AA**

8. The crematory authority shall not conduct any cremations nor accept a body for cremation unless it has a cremation authorization form signed by the authorizing agent clearly stating the disposition. Disposition shall be by:

\_\_\_\_\_ Interment  
\_\_\_\_\_ Scattering in a scattering area or garden  
\_\_\_\_\_ Scattering on private property with the permission of the owner  
\_\_\_\_\_ Delivery either in person or by registered mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Picked up at the crematory office by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ **AA**

9. When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing or grinding and incidental and unavoidable commingling of the remains with the residue from the processing of previously cremated remains, into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container. \_\_\_\_\_ **AA**

**Items 10 through 13 shall be completed by the Crematory Authority.**

10. Date body received by crematory authority \_\_\_\_\_

11. Does deceased have a medical implant of any type? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
If yes, has the implant been removed? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

12. Name of person performing crematory services \_\_\_\_\_

13. Signature of person making the identification of the body.

\_\_\_\_\_

I, the Authorizing Agent, have read and completed the above form. I do hereby consent to the cremation of the decedent listed by the crematory authority, with disposition of the cremated remains to be carried out as specified above.

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Authorizing Agent Signature

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Print Name of Authorizing Agent

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Address

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City, State, Zip Code

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Telephone Number

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Date

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